

W a s h i n g t o n S t a t e B o a r d o f H e a l t h

Annual Report 2003



WASHINGTON STATE
Board of Health

ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON



An Ounce of Prevention

The outbreak of severe acute respiratory syndrome (SARS), the continuing westward flight of West Nile virus, heightened concern about obesity, humans contracting monkeypox from prairie dogs...this year's headlines, like those involving smallpox and anthrax in recent years, have provided constant reminders of the importance of public health. The tools public health uses to respond to these emergent and very public crises—disease surveillance, laboratory testing, epidemiology, environmental monitoring, distribution of medicines and vaccines, health education, and more—are the same tools it uses every day as it quietly works around the clock, and often behind the scenes, to protect the public's health and safety from an array of threats.

Public health is about understanding and preventing disease and injury across our entire population. It is a public and private partnership that improves health by applying science to medical practice, personal behavior, and public policy. Public health services help communities to be healthy places to live, work and play, serve as a resource for reliable health information, and protect communities from hazards in the environment.

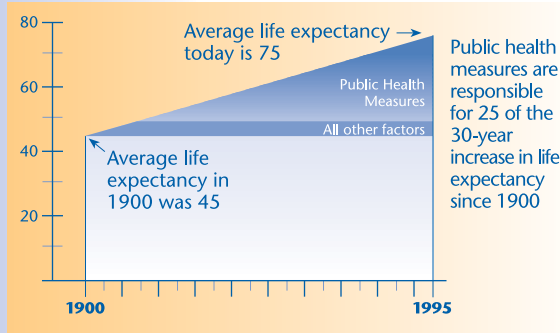
A hundred years ago, the average American lived to be 45. Through public health's successes in communicable disease prevention and control, sanitation, immunization, nutrition, and education, the average lifespan in the United States has increased by more than 25 years. Advances in preventing premature death from

The work of public health is to:

- *Help communities to be healthy places to live, work, and play*
- *Serve as a resource for reliable health information you can use*
- *Protect our communities from hazards in the environment*

heart disease, cancer, stroke and a dozen other illnesses have contributed another five years to this increased longevity.

Life Expectancy



A 2002 Institute of Medicine Report, *The Future of the Public's Health in the 21st Century*, notes that while as much as 95 percent of health care spending goes to medical care and biomedical research, "there is strong evidence that behavior and environment are responsible for more than 70 percent of

avoidable mortality." Public health's enemies today include tobacco use, poor diet, lack of exercise, and environmental pollution. That is why current public health efforts have tended to focus on assuring healthy environments and promoting healthy behaviors.

At the same time, the heightened concerns about bioterrorism have increased awareness of public health's continuing efforts to confront a traditional enemy—communicable disease. Because of our growing interconnectedness in an increasingly global world, the United States and Washington face a compound threat—from new and re-emerging diseases and from diseases that have become resistant to antibiotics, as well as from the possible use of biological weapons by hostile nations, terrorists, or criminals.

The State Board of Health is committed to partnering with the citizens of Washington and with other agencies to meet these multiple challenges.

Some Key Accomplishments

- Interagency initiative to promote increased physical activity and improved nutrition in schools, including launch of www.healthyschoolswa.org
- Newborn screening for five more genetic disorders
- Interagency report on feasibility of requiring well-child exams for children starting school
- Privacy protections for newborns' genetic information
- Meetings with 15 of the state's 35 local boards of health
- Review of rules governing school environmental health
- Joint meeting with Thurston County Board of Health to explore local efforts to improve access to care
- Preparation of the 2004 State Health Report



The Board is part of a statewide network of public health agencies that are always working for a safer and healthier Washington.

The Board's Book of Business

Providing for the public health is an essential government service. The Washington State Constitution recognized this important role for state government by establishing the State Board of Health to help lead this effort.

The Board has ten members, nine of whom the governor appoints to three-year terms—two representing consumers, one representing elected city officials, one representing elected county officials, one representing local health officers, and four representing health and sanitation. The tenth member is the secretary of the Washington State Department of Health.

The Board divides its time between three related responsibilities—rule making, policy development, and providing a public forum through which citizens can help shape state health policy. The Board is also an active part of a network of public health agencies that work together to provide a safer and healthier Washington.

Rule Making

The Board is responsible for a wide range of health rules. These rules define a system that alerts us to new disease threats, keeps our food and drinking water safe, prevents and controls the spread of communicable diseases, ensures that our children receive appropriate and timely health screenings and immunizations, helps ensure that septic systems don't contaminate streams and groundwater, and enhances the safety of a wide range of facilities Washingtonians use every day—pools, schools, restaurants, camps, pet shops, outdoor concert venues, hotels and resorts, and more.

Policy Development

The Board's duties include recommending health policy in Washington State. In recent years, the Board has increased its policy activities to help point the way to new opportunities for public health improvement.

Every two years, the Board identifies high priority areas for policy development. In 2001, the Board set priorities for the 2001-2003 biennium—health disparities, genetics and privacy, children's health and well-being, access to critical health services, and environmental health. The Board added policy work on public health emergency response capacity after the September 11, 2001 attacks.

In July 2003, the Board adopted a work plan for 2003-2005. The plan acknowledges that efforts to update, streamline, and simplify rules are placing new demands on Board resources. That work plan emphasizes new projects in children's health and well-being and school environmental health, as well as completion of ongoing policy development in environmental health and health disparities.

Every two years, the Board is responsible for generating a state health report for the governor's consideration. Once approved by the governor, the report provides guidance to agency heads as they

develop budgets and craft request legislation for the upcoming biennium. In 2003, the Board collaborated with the Governor's Subcabinet on Health to draft a state health report intended to shape priorities for the 2005-2007 biennial budget.

Public Engagement

A central part of the Board's mandate is to bring the public into the policy development process. Its meetings around the state provide a forum for public testimony on any health subject and it regularly holds public hearings on specific topics. It takes seriously its commitment to engage stakeholders and the general public in all rule making, and state government looks to the Board to convene forums on emerging health issues such as health care access and the policy implications of emerging genetic technologies.

In all aspects of its work, the Board prides itself on encouraging collaboration. Convening a broadly representative Genetics Task Force, promoting greater community and environmental health involvement in community health assessment practice, and helping launch the Health Workforce Diversity Network are a few examples of this principle at work.

2003 Rule Reviews

- Newborn Screening
- Food Service
- Food Worker Cards in Adult Family Homes
- On-site Sewage
- Arsenic in Public Water Systems
- Water Recreation
- Transient Accommodations
- Immunizations
- HIV/AIDS and Bloodborne Infections



Environmental health and protection is the art and science of preventing environmental factors, whether in the natural or human-made environment, from adversely impacting human health or disturbing the ecological balances that contribute to long-term human health.

PRIORITY PROJECTS:

Environmental Health

The Board's strong emphasis on environmental health during 2003 illustrates the equal importance and interrelatedness of the Board's three enterprises—public engagement, rule making, and policy development.

Public Engagement

Beginning in 2002 and continuing into 2003, the Board heard from students, parents, and teachers concerned about the indoor air quality of their schools. At its July 2003 meeting the Board elected to consider revising Chapter 246-366 WAC, which establishes minimum environmental standards for primary and secondary schools. That rule review will be conducted in cooperation with the Department of Health, local health jurisdictions, the Office of Superintendent of Public Instruction, school districts, and interested citizens. Because of the large number of rule revisions already underway, this work is scheduled to begin in July 2004. Also at the July meeting it heard about the proactive approach to school environmental health that Northeast Tri-County Health District has taken in collaboration with the local school district, Educational Service District 101, Washington State University, and the Department of Health.

Policy Development

The Board's 2001-03 work plan called on the Environmental Health Committee to find out how communities assess environmental health issues and concerns, identify

best practices, and recommend ways to improve community involvement and better integrate environmental health into community health assessments conducted throughout Washington State. The committee:

- Interviewed local and state health department staffers, a tribal health planner, and participants in two best practices in Washington State—the Seattle Public Utilities’ Environmental Justice Needs Assessment and the Island County Health District’s Environmental Health Advisory Team.
- Convened an October meeting of local and state health department professionals and local assessment groups that produced three recommendations for integrating environmental public health into community health assessment practice:
 - Develop dedicated funding for community environmental public health assessment.
 - Develop accessible and relevant data, including environmental health indicators.
 - Define environmental public health as part of a community health assessment.

Meeting participants also discussed how to improve community involvement in community environmental public health assessment.

- The committee is now drafting a report on this work that is scheduled for Board review and possible adoption in May 2004.

Rule Making

The Board is actively engaged in revising several major environmental health rules. A revision to the food service rules that will better align Washington State rules with the federal Food Code is scheduled for completion in fall 2004. The Board is also moving toward adoption in 2004 of revised rules for water recreation facilities, smaller on-site sewage systems, Group A public drinking water system arsenic standards, and transient accommodations.

On the Web

<http://www.sboh.wa.gov/Priorities/envhealth/envhealth.htm>.

Some Key Accomplishments

As part of the October 2003 Joint Conference on Health’s environmental health track:

- Environmental Health Committee chair Carl Osaki presented on the Board’s role in school environmental health policy and regulation, and on the Essential Services of Environmental Health.
- Board staff presented with staff members from Seattle Public Utilities and Island County Health Department on why and how to engage community members in community environmental public health assessment processes.



“Status quo funding will not solve public health’s worsening funding crisis, it will only slow the rate of system collapse. A new, stable source of funding is needed to rebuild our crumbling public health infrastructure.”

*— Mike Doherty,
Clallam County Commissioner,
April 2003 testimony*

PRIORITY PROJECTS:

Public Health Capacity

The terrorist attacks and anthrax outbreak of 2001, along with repeated threats to our health from new and re-emerging disease like SARS and West Nile virus, underscore the importance of ensuring all Washington residents have access to a strong, integrated system of public health and health care programs.

The Board has been an active participant in discussion about ways to provide stable funding that will support a fully functioning public health system that is staffed, trained, and equipped to meet today’s challenges. In April 2003, for example, it held a forum to discuss various legislative proposals for public health funding.

It also has embarked on a series of meetings with local boards of health to improve communication, strengthen local boards, engage local policy makers in public health issues, solicit input for the state health report, ensure it is informed about local concerns, and promote local awareness of SBOH activities. Board members, accompanied by staff members, met with 15 local Boards in 2003, and the Board plans to continue meeting with approximately the same number each subsequent year.

The Board continues to be part of the Public Health Improvement Partnership, along with the Washington State Department of Health, the Washington State Association of Local Public Health Officials, and the University of Washington School of Public Health and Community Medicine. Staff members participate in work groups on access, finances, communications, and standards.



PRIORITY PROJECTS:

Genetics and Privacy

As our understanding and awareness of genomics—the interactions between human DNA and environmental factors—increases, our approaches to public health and medicine will change. This exploding area of knowledge will affect the structure of social institutions such as marriage, reproductive customs, personal privacy and civil rights.

During 2002, the Board established itself as the leading forum for data-driven, thoughtful dialogue on these and similar questions by responding to the Legislature's call to convene a broad-based Genetics Task Force (GTF). The 22-member task force included some of our nation's preeminent genetics experts who live and work in our state, as well as a broad cross-section of public health, medical, legal, business and consumer advocates and policy advisors. The GTF produced a carefully considered report on genetics, privacy, and discrimination that offers 11 recommendations designed to move our state's policy dialogue forward on these issues.

One of the consensus recommendations in that report was that the Board should place in rule the existing privacy protections governing the state's newborn screening specimens and data, protections that existed in Department of Health policy. In October 2003, as part of a rule revision that specified five new diseases for newborn screening, the Board incorporated these privacy protections into the Newborn Screening Rule (see Children's Health and Well Being, page 10). This action marked the completion of the Board's current work in this area.

At the Legislature's direction, the Board convened a task force to review the potential risks to privacy and potential benefits of emerging DNA technologies.



“You cannot educate a child who is not healthy, and you cannot keep a child healthy who is not educated.”
— Jocelyn Elders, M.D.

PRIORITY PROJECTS:

Children’s Health and Well Being

One of the most effective ways to assure healthy citizens and communities is to safeguard the health of children. It is critical that Washington’s children have access to preventive health care that allows them to grow into healthy adults.

In 2003, the State Board of Health continued its efforts to encourage well-child exams for children prior to entering school. This work culminated in production of the *Well-Child Exam Pilot Project Report*, a joint report prepared by the Office of the Superintendent of Public Instruction (OSPI), the Department of Health (DOH), the Department of Social and Health Services (DSHS), and the Board.

The Board also worked collaboratively to approve rules so that:

- Pregnant women are offered three new prenatal tests that meet current standards of practice;
- Newborns are universally screened for five new disorders that can be identified and treated (see sidebar, page 11).

For 2003-2005, the Board approved a work plan that includes new initiatives to improve the health and well-being of all school-age children. The plan focuses on four areas of activity. Work on the first of these—Improve Nutrition and Physical Activity Policies and Practices in Schools—is already underway.

In October, the Board sponsored the first of a series of community forums that will showcase effective nutrition and physical activity programs and policies. These joint work sessions will involve the Board, local boards of health, and representatives of

local school boards. They are designed to prompt, identify, and promote local development of physical activity and nutrition initiatives.

The October meeting featured the launch of a new Web site (www.healthyschoolswa.org) that identifies resources students, parents, school officials and community members can use to help children choose health-promoting foods, be physically active, and be ready to learn at school. It is a joint project of the Board, the University of Washington Center for Public Health Nutrition, OSPI, DOH, and the Washington State School Directors' Association.

The other areas of activity for 2003-2005 are:

- **Help OSPI Establish a Comprehensive School Health and Social Service Plan:** OSPI's Five-Year Strategic Plan calls for a long-range, comprehensive, multi-agency effort to address physical, social and emotional barriers to children's learning and living healthfully. The Board will collaborate with DOH, OSPI and DSHS and other agencies and organizations in this effort.
- **Improve Physical Activity Requirements in Schools:** The Board will collaborate with the State Board of Education, OSPI and others to

survey current efforts to promote physical activity in schools. The collaborators will research, analyze and report on studies that have examined the relationship between physical activity and academic achievement. They will describe how schools are performing in relation to State Board of Education rules that establish minimum physical activity requirements based on hours of instruction. SBOH will identify best practices and support the State Board of Education in its efforts to authorize and encourage demonstrations that pilot alternative forms of school district accountability for student physical activity.

- **Help Develop Standards for Tending Ill Children at School:** The interagency collaborative will also develop integrated standards for working with ill children while they are attending school. These standards will address tending to children, supervising them, and referring them for treatment. They will also address model health plans for each child, as well as the scope of care that should be provided by school staff, school nurses, and other health care providers.

Some Key Accomplishments

The Board added five disorders to the list of genetic diseases for which all newborns must be screened:

- Biotinidase deficiency
- Galactosemia
- Homocystinuria
- Medium chain acyl co-A dehydrogenase
- Maple syrup urine disease (MSUD)

The Board is committed to reviewing whether certain other disorders should be added to the list as new information emerges, using the criteria developed by its Newborn Screening Advisory Committee. These criteria have received national attention and will be presented at an international conference in November 2004. It will also encourage DOH efforts to promote universal access to voluntary newborn hearing screening.



“It’s not about whether to shorten the line or thin the soup. It’s about making sure we have the right ingredients in the soup—and then making sure that there’s never a line.”

*— Don Sloma,
SBOH Executive Director*

PRIORITY PROJECTS:

Access to Critical Health Services

The Board values community health improvement above all, and promotes universal access to a core set of services as the best way to ensure health across the population. These services begin with traditional public health interventions, but they also include personal medical services that improve health communitywide.

Access to critical health services has been a Board priority project for the past two biennia. During 2001, the Board produced a menu of critical health and medical services that have been proven to be effective in addressing community health problems. In December 2002, it approved a detailed status report on efforts to promote its evidence-based, public health approach with state health care purchasers and local health jurisdictions.

The 2003-05 work plan does not contain specific access projects. The Board, however, continues to promote use of the menu in policy and purchasing decisions. It participates in efforts to implement the Public Health Improvement Partnership access standards, promotes public discussion, and invites local officials to discuss community efforts to improve access. In October 2003, it endorsed health care reform that would fund universal access to core services by promoting efficiency and prioritizing services.

Menu of Critical Health Care Services

- Proven clinical preventive screenings and health checks
- General access to primary, emergency, and consultative specialty care
- Behavioral health risk services such as tobacco use prevention
- Communicable and infectious disease prevention and treatment
- Behavioral and mental health services
- Cancer screening and treatment
- Chronic condition and disease management
- Disability assistance
- Oral health promotion and treatment



“Research demonstrates that diverse health care workers are more likely to serve diverse communities.”

— Joe Finkbonner, R.Ph., M.H.A.,
Board Member

PRIORITY PROJECTS:

Health Disparities

The term *health disparities* describes a disproportionate burden of disease, disability, and death among a particular population or group. Many complex factors interact to produce health disparities. The diversity of the health workforce is one of those factors. Research shows that a diverse health workforce can improve the health status of racial and ethnic minorities.

In 2003 the Health Workforce Diversity Network, an entity convened at the Board’s recommendation, continued to coordinate efforts to improve health workforce diversity under the leadership of Washington State Nurses Association and Washington State Medical Association representatives. The network’s Health Career Pathway Committee developed a survey of health career pathways to identify gaps and focus efforts to improve opportunities for students of color in areas where they are most needed. The network plans to report to the Board in 2004. The Board is also scheduled to hear recommendations developed by Board Member Vickie Ybarra and other members of the IOM’s Committee on Institutional and Policy Strategies for Increasing the Diversity of the Health Care Workforce.

On the Web

<http://www.doh.wa.gov/sboh/Priorities/disparities/disparities.htm>

Some Key Accomplishments

Board Member Vickie Ybarra:

- Represented the Board on the state’s Health Care Personnel Shortage Task Force, which explored ways to improve the diversity of the health care workforce and improve health care quality for all residents while addressing workforce shortages.
- Continued participating in the Institute of Medicine’s Committee on Institutional and Policy Strategies for Increasing the Diversity of the Healthcare Workforce. A report is due in 2004.
- Authored an article on workforce development, “Partnering with Health Career Programs,” that appeared in *Northwest Public Health* Fall/Winter 2003 issue.



Front row, left to right: Carolyn Edmonds, Carl Osaki, Vickie Ybarra. Back row, left to right: Mary Selecky, Joe Finkbonner, Tom Locke, Linda Lake, Charles Chu. Not pictured: David Crump, Ed Gray.

The ten-member State Board of Health helps lead efforts to understand and prevent disease across our entire population.

Membership

Consumers

Linda Lake, M.B.A., Chair, has 25 years of experience in the field of health and social services. She has directed several community health and social service organizations, including the Pike Market Medical Clinic, and currently directs the Tuberculosis Clinic at Harborview Medical Center for Public Health-Seattle and King County.

Joe Finkbonner, R.Ph., M.H.A., is director of the EpiCenter at the Northwest Portland Area Indian Health Board. He has served as chair of the American Indian Health Commission, director of the Lummi LIFE Center, and chief executive officer of the Lummi Indian Business Council (through October).

Elected City Officials

The Honorable David R. Crump, Ph.D., a child psychologist, is a Liberty Lake City Council Member and member of the Spokane Health District Board.

Elected County Officials

The Honorable Carolyn Edmonds, a former legislator, is a Metropolitan King County Council Member and chair of the King County Board of Health.

Department of Health

Mary Selecky is secretary of the Washington State Department of Health and former administrator of Northeast Tri-County Health District.

Health and Sanitation

Charles R. Chu, D.P.M., a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association.

Ed Gray, M.D., is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee.

Carl S. Osaki, R.S., M.S.P.H., former director of environmental health for Public Health-Seattle & King County, is on the faculty at the University of Washington.

Vickie Ybarra, R.N., M.P.H., is director of planning and development for the Yakima Valley Farm Workers Clinic. Much of her work is dedicated to supporting children and families.

Local Health Officers

Thomas H. Locke, M.D., M.P.H., Vice Chair, is health officer for Clallam and Jefferson counties.

Board Staff

Don Sloma, M.P.H., Executive Director

Craig McLaughlin, M.J., Senior Health Policy Manager

Doreen Garcia, M.P.P., Senior Health Policy Advisor (through October)

Marianne Seifert, M.A., Health Policy Advisor

Tara Wolff, M.P.H., Health Policy Advisor (beginning October)

Desiree Day Robinson, Executive Assistant to the Board

Jennifer Dodd, Assistant to the Board (through November)

Heather Boe, Assistant to the Board (beginning November)

2004 Meeting Schedule

January 14, Tumwater

February 11, Olympia

March 10, Pierce County

April 14, Olympia

May 12, Stevenson

June 9, SeaTac

July 14, Centralia/Chehalis

August 11, SeaTac

September 8, Walla Walla

October 13, Wenatchee

November 10, Kelso/Longview

December 8, SeaTac

Meetings in italics are tentative. Meeting dates and locations are subject to change. See www.sboh.wa.gov for updates.



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For persons with disabilities, this document is available on request in other formats. To submit a request, please call 360-236-4100.

